CHAPTER 2

RESPONSIBILITIES

0201. Discussion

a. The maintenance of a safe and healthful workplace is a responsibility of commands throughout the Navy. A successful program, one that truly reduces work-related risks and mishaps, results only when support and commitment to the program permeate every level of an organization. Within the Navy, the Chief of Naval Operations (CNO) has overall responsibility for the Safety and Occupational Health Program and implements the Program through the chain of command. Line management is responsible for the maintenance of safe and healthful working conditions.

b. This chapter describes the responsibilities at each command level for implementing the program.

0202. Assistant Secretary of the Navy (Installations and Environment (ASN (I&E))

ASN (I&E) is the Designated Agency Occupational Safety and Health Official (DASHO) for the Department of the Navy (DON), which includes the Navy and Marine Corps (see reference 2-1).

0203. Chief of Naval Operations (CNO)

Under reference 2-1, the CNO, in coordination with the Commandant of the Marine Corps (CMC) (concerning safety and occupational health matters of mutual interest), shall:

a. Issue appropriate directives and policies for the program per references 2-1 through 2-3. Special Assistant for Safety Matters (N09F) is responsible for developing program policy and guidance and issuing standards under references 2-1 through 2-4. Note: CNO (N09F) has additional duty assignment as Commander, Naval Safety Center.

b. Establish, manage and maintain appropriate planning, programming, staffing and budgeting for program implementation.

c. Issue criteria for records maintenance and provide to the Secretary of the Navy (SECNAV) all reports required by references 2-3 through 2-8.

d. Conduct appropriate research and development to preclude occupational exposures degrading an employee's health status or work performance.

e. Ensure acquisition managers comply with the requirements of reference 2-9 and other applicable Federal agency safety and health standards or criteria in the procurement of military systems, subsystems, equipment, and related facilities.

f. Provide CNO (N09F) as co-chair of the Navy and Marine Corps Safety Council.

g. Adopt, develop, and issue, as necessary, standards (see chapter 16 on Standards).

Coordinate Navy review and input for new and revised safety and occupational health regulations and national consensus standards.

h. Ensure commands comply with applicable Navy regulations and Federal statutes governing the control of classified and sensitive unclassified information. (Refer to chapter 11, section 1106).

0204. Headquarters Commands

Headquarters commands are responsible for establishing a comprehensive safety and health program. Chapter 3, section 0302 delineates these duties and responsibilities.

0205. Policy Formulation and Implementation

The administration and management of the program is assigned in reference 2-10. Major responsibilities and technical support areas are summarized below.

a. Policy Formulation. The program includes a number of important elements. Responsibilities for policy formulation, program development and direction in each of these are as follows:

(1) Program. The program addresses the maintenance of safe and healthful conditions in the workplace or the occupational environment. It applies to all Navy civilian and military personnel and to operations ashore and afloat. The Special Assistant for Safety Matters (N09F) is responsible for developing program policy and guidance to comply with references 2-2 through 2-4. Additionally, CNO (N09F) is responsible for program sponsorship of occupational health Navy-wide

(2) Operational Unit Safety

(a) The Director, Expeditionary Warfare Division (CNO (N75)) is responsible for parachute, diving and air drop safety and safety of assigned ships and small craft.

(b) The Director, Surface Warfare Division (CNO (N76)) is responsible for the safety of assigned surface ships.

(b) The Director, Submarine Warfare Division (CNO (N77)) is responsible for the safety of submarines, assigned surface ships, deep submergence systems, and diving.

(c) The Director, Air Warfare Division (CNO (N78)) is responsible for naval aviation safety and the safety of assigned surface ships.

(3) Nuclear Propulsion Program Safety. The Director of Naval Nuclear Propulsion Program (CNO (N00N)) is responsible for the safety of reactors and associated naval nuclear propulsion plants and the control of radiation and radioactivity associated with naval nuclear propulsion plant activities per reference 2-11.

(4) Shore Safety. CNO (N09F) is responsible for those functional areas of the shore safety program assigned in reference 2-10.

(5) Explosives Safety. CNO (N41) is responsible for the Navy Explosives Safety Program including nuclear and conventional weapons.

b. Implementation. Safety is an inherent responsibility of command. Regions and activities shall implement all aspects of the Navy Safety and Occupational Health (SOH) program and the Operational Risk Management program (referenced in 2-12) through the chain of command. Echelon 2 commanders are responsible for ensuring that the commanders, commanding officers, directors, officers in charge and supervisors within their regions or at their activities:

(1) Conduct an aggressive mishap prevention program.

(2) Assign safety and health responsibilities to qualified personnel.

0206. Specified Support Areas

Reference 2-10 describes the Navy Safety and Occupational Health (SOH) Programs. The commanders of the Systems Commands (SYSCOMS), the Chief, Bureau of Medicine and Surgery (BUMED), the Commander, Naval Safety Center (COMNAVSAFECEN) and the Commander, Naval Education and Training Command (NETC) and Naval Personnel Development Command (NPDC), in coordination with, or at the direction of the respective Office of the Chief of Naval Operations (OPNAV) major program sponsor, shall develop specific procedures and provide instructions for the specified support areas assigned to them in reference 2-10.

a. Commanders of Headquarters Systems Commands (SYSCOM). Reference 2-9 directs the SYSCOM Commanders to provide support consistent with required military capabilities and to ensure that safety and occupational health aspects are considered, designed and engineered into all ships and aircraft, weapons or weapon systems, equipment, materials, supplies and facilities which are acquired, constructed or provided through the SYSCOMs. In so doing, SYSCOM commands shall ensure they apply and comply with system safety engineering and management principles and the provisions in reference 2-9. They shall emphasize the engineering control of known significant occupational health problems, such as noise, asbestos and hazardous chemicals and materials in the overall objective of this effort.

b. BUMED shall:

(1) Provide support to CNO and CMC in all aspects of occupational health, which include occupational medicine (medical treatment and surveillance), industrial hygiene and environmental health, including field support.

(2) Coordinate occupational health actions with cognizant headquarters commands as required.

(3) Assist NETC and other headquarters' commands, in coordinating occupational health training in response to needs and requirements developed in the areas set forth in enclosure (1) of reference 2-10.

(4) Perform appropriate research, development, test and evaluation (RDT&E) in occupational health to determine criteria necessary for establishing personnel exposure limits in naval operational environments.

(5) Maintain a register of personnel occupationally exposed to chemical substances and other hazardous physical or biological stressors.

(6) Act as a clearinghouse for reviewing and disseminating occupational health information and technical guidance for such groups as the American National Standards Institute (ANSI) and the American Conference of Governmental Industrial Hygienists (ACGIH).

(7) Process personnel medical records upon termination of employment, per references 2-5 and 2-6.

(8) Develop a program providing for the periodic occupational health surveillance of both personnel and their working environments, as required by reference 2-4.

(9) Provide for job-related medical support, such as immunizations and emergency medical treatment, per reference 2-4 guidance.

c. COMNAVSAFECEN is responsible for those functional areas of the safety and occupational health program listed in enclosure (1) to reference 2-10 and shall:

(1) Recommend program objectives, develop procedural guides, and prepare supporting implementing directives.

(2) Develop and maintain reporting and recording procedures and systems to provide meaningful statistics concerning accidents, injuries, and occupational illnesses for use in evaluating the effectiveness of the program.

(3) Collect reports and analyze data with special emphasis on cause and trend analysis, and provides results to cognizant commands.

(4) Conduct surveys and investigations as requested.

(5) Promote the safety program.

(6) Maintain and make available a repository of mishap, injury, illness and mishap data.

(7) Sponsor and coordinate the SECNAV and CNO safety awards.

(8) Provide lessons learned through the mishap, injury and illness recordkeeping and reporting systems.

(9) Maintain liaison with the Office of the Judge Advocate General (Navy JAG) in all matters pertaining to the privileged status of mishap reports.

(10) Act as a clearinghouse for reviewing and disseminating safety and occupational health information and technical guidance from such groups as ANSI and the National Fire Protection Association (NFPA).

d. NAVOSHENVTRACEN through COMNAVSAFECEN shall:

(1) Serve as the central source for delivery and dissemination of information on safety and occupational health training courses.

(2) Provide specialized safety and occupational health training and education to military and civilian personnel as required to support the overall program per references 2-10 and 2-13.

e. NETC and/or NPDC. Training and education are an inherent element in each primary and specified program element area. NETC and/or NPDC, in coordination with COMNAVSAFENCEN and BUMED shall:

(1) Incorporate safety and occupational health educational materials including applicable provisions of this manual into the curricula of all appropriate training courses.

(2) Provide specialized safety and occupational health training and education to military and civilian personnel as required to support the overall program per references 2-10 and 2-13.

(3) Prepare and distribute audiovisual aids and other training materials for use in local command safety and occupational training programs.

(4) Serve as the central source for delivery and dissemination of information on safety and occupational health training.

f. Naval Inspector General (NAVINSGEN). NAVINSGEN coordinates the inspection program aspects of the safety and occupational health program for Navy shore activities. NAVINSGEN shall apprise higher authorities of program effectiveness as determined by the oversight program. NAVINSGEN shall also maintain close liaison with the President, Board of Inspection and Survey (PRESINSURV) and with cognizant OPNAV sponsors (N09F, N4, N46, N75, N76, N77 and N78).

g. President, Board of Inspection and Survey (PRESINSURV). PRESINSURV is responsible for oversight inspections for forces afloat. The effectiveness of the afloat safety and occupational health program shall be assessed, as well as the status of corrective actions recommended in prior safety and occupational related surveys and/or reports. PRESINSURV

will maintain close liaison with NAVINSGEN for matters of common interest and with the cognizant OPNAV sponsors (N09F, N4, N46, N75, N76, N77, and N78).

0207. Regional and Activity Programs

General. An SOH program is an inherent responsibility of command and therefore, implementation, direction and control of the program shall be through the chain of command with line managers and supervisors being primarily responsible for ensuring safe and healthful operations and working conditions. For additional guidance, see paragraph 0207.d regarding responsibilities, paragraph 0303.a on organization, and paragraph 1202 on process-related and facility related hazards.

Shore regions, activities and commands, commanders, commanding officers, directors and officers in charge shall implement the items below:

a. Implement PR&MS contained in appendix 2-B or an equivalent management system (e.g. OSHA Voluntary Protection Program (VPP)). Conduct an aggressive, continuing program that is integrated throughout the regions and activities and post and disseminate program information to all personnel. Additional guidance on PR&MS is available at: http://safetycenter.navy.mil/. Guidance on OSHA VPP is available at: http://www.osha.gov/dcsp/vpp/index.html

b. Issue a policy statement adopting and enhancing/expanding the policy established in Section 0104. Issue a new policy statement within three months after assumption of command, disseminated to all personnel. Regions and activities shall accomplish this by posting the policy statement on all official bulletin boards and by other means as appropriate, such as publication in base newspapers, new employee indoctrination, safety videotapes, etc. The policy statement shall reflect the commander's commitment to safety and to programs that prevent or minimize occupational mishaps.

c. Organize, staff, and maintain a safety function or safety office as required by chapter 3. Regional safety offices shall be established in accordance with paragraph 0304.

d. Ensure all personnel are fully aware of their obligations and personal responsibilities to the safety program. Establish clear lines of accountability.

e. Establish safety councils and committees at appropriate command levels per chapter 4 of this manual. Chair the council, or ensure it is chaired by the executive officer or equivalent, and ensure minutes are issued and maintained.

f. Establish and maintain liaison between the local safety office and other DoD regions or activities for coordination of specialty functions such as medical, fire, security, etc.

g. Ensure compliance with the mishap investigation reporting procedures reference 2-14. Review lost time mishaps or ensure they are reviewed as stated in section 1406. Fully investigate all mishaps and take appropriate corrective action. Provide timely reports of findings and actions to NAVSAFECEN.

h. Ensure that all workplaces are inspected at least annually or more frequently based on the level of risk (see chapter 9).

i. Establish a hazard abatement program as required by chapter 12.

j. Establish procedures to protect all Navy personnel from coercion, discrimination, or reprisals for participation in the safety program. Ensure that employees are aware that they may file, through their appropriate grievance processes, allegations of reprisals for having filed a complaint of unsafe or unhealthy working conditions.

k. Provide employees and their representatives with access to exposure and medical records per chapter 8.

l. Develop procedures consistent with Office of Personnel Management (OPM), Naval Personnel Command, and PR&MS guidance to measure and recognize superior and deficient safety performance. Performance evaluations shall include personal accountability consistent with the duties of the position and the SOH Program. Include recognition of superior performance or conversely deficient performance, as appropriate.

m. Establish education and training programs per chapter 6.

n. Coordinate occupational health and industrial hygiene field support with the cognizant medical command per chapter 8.

o. Ensure compliance with applicable Navy regulations and Federal statutes governing the control of classified and sensitive unclassified information (refer to section 1106).

p. Establish a comprehensive self-assessment program for the command per chapter 5 and appendix 2-B.

q. Ensure that senior management, middle management and first line supervision support the safety program to the extent of their authority and responsibility by:

(1) Setting the example for subordinates.

(2) Promptly correcting recognized hazards.

(3) Clearly defining and assigning individual safety responsibilities to subordinates.

(4) Documenting safety performance in evaluation of subordinates.

(5) Ensuring employees receive appropriate training, participating in committees or meetings, and conducting stand up safety meetings where required.

(6) Conducting or participating in worksite inspections, including those made by

region or activity safety personnel.

(7) Encouraging safety awareness through incentives and awards programs.

(8) Receiving training appropriate to their level of responsibility and authority, per chapter 6. Orientation training does not need to be repeated with subsequent assignments to other levels of management unless significant safety-related changes have occurred.

(9) Acquiring, maintaining, requiring and enforcing the use of approved personal protective equipment, approved safety equipment, and other devices necessary to protect employees.

(10) Encouraging a free flow of information and ideas from employees on methods of improving the safety of their workplaces, work practices, and work processes. Developing a reward process for outstanding safety contributions.

r. Review all safety citations and findings from external authorities (i.e., Occupational Safety and Health Administration (OSHA), NAVINSGEN and internal sources), as warranted, to ensure the underlying causes of the problems are identified and that corrective actions address the underlying causes and not merely the symptoms.

s. Develop and implement cross-reference linkage among employment records, medical records and industrial hygiene surveillance data.

t. Ensure that personnel are aware of the formal procedure for processing written reports of unsafe or unhealthy working conditions per chapter 10. Commands shall include provisions to preserve the individual anonymity of those reporting unsafe conditions when requested. The reporting procedures should encourage employees to make beneficial suggestions as a positive means of correcting potential hazards.

u. Ensure support of Field Federal Safety and Health Councils and coordinate mutually beneficial accident prevention and safety programs with local communities to the maximum extent feasible and per applicable laws and regulations.

v. Designate appropriate officials to consult with representatives of labor organizations recognized under reference 2-15 with respect to the safety program.

w. State the location(s) where personnel can review copies of the safety standards, records of safety and health committees and their actions and recommendations, the region or activity hazard communication plan, and documentation on the region/command/activity/unit safety program (shore only).

x. Make available a copy of the region or activity's annual summary report of occupational injuries and illnesses for the preceding year, signed by the CDR, CO, or OIC. Post this summary no later than 45 days after close of the calendar year, for at least 3 months. In addition to posting, region or activities may publish it in appropriate written media, such as the region or activity’s newspaper.

y. Post form DD 2272, Department of Defense Occupational Safety and Health Protection Program (appendix 2-A) in prominent locations such as all official bulletin boards (shore only).

z. Establish local agreements to clearly define the respective roles and responsibilities of the BUMED/non-BUMED industrial hygienists, when, where appropriate, due to the nature and complexity of local operations, non-medical regions or activities have established industrial hygiene staffs to assist in implementation of the region or activity's safety program.

0208. Individual Civilian and Military Personnel

Commands can only achieve safe and healthful workplaces through the full participation and cooperation of all employees. Accordingly, each employee shall:

a. Comply with standards and all applicable rules, regulations, and orders issued under this manual. Violators of safety regulations or instructions are subject to disciplinary action prescribed in reference 2-15 for civilians: Civilian Human Resources Manual Subchapter 752 (Appendix B-Schedule of Offenses and Recommended Remedies), or for military: The Uniform Code of Military Justice. The command shall also consider such actions in personnel performance evaluations (refer to section 0207.l).

b. Report observed workplace hazards following procedures outlined in chapter 10.

c. Immediately report to his/her supervisor injuries or occupational illnesses or property damage resulting from mishaps or any near-mishaps.

Chapter 2

References

2-1. SECNAVINST 5100.10H, of 15 June 99, Department of the Navy Policy for Safety, Mishap Prevention, and Occupational Health and Fire Protection Programs, http://neds.daps.dla.mil/Directives/5100_10h.pdf.

2-2. DODI 6055.1, of 19 Aug 98, DoD Safety and Occupational Health (SOH) Program, http://www.dtic.mil/whs/directives/corres/html/60551.htm.

2-3. DoD Directive 1000.3, of 29 Mar 79, Safety and Occupational Health Policy for the Department of Defense, http://www.dtic.mil/whs/directives/corres/archives/d10003wch1_032979/d10003p.pdf.

2-4. DODI 6055.5, of 10 Jan 89, Industrial Hygiene and Occupational Health, http://www.dtic.mil/whs/directives/corres/html/60555.htm.

2-5. SECNAV Manual 5210.1, Department of the Navy Records Management Manual.

2-6. DODI 6055.7, of 3 Oct 00, Accident Investigation, Reporting and Record Keeping, http://www.dtic.mil/whs/directives/corres/html/60557.htm.

2-7. SECNAVINST 5211.5D, of 17 Jul 92, Department of the Navy Privacy Act (PA) Program, http://neds.daps.dla.mil/Directives/5211_5d.pdf.

2-8. SECNAVINST 5720.42F, of 6 Jan 99, Department of the Navy Freedom of Information Act (FOIA) Program, http://neds.daps.dla.mil/5720.htm.

2-9. DoD Military Standard 882D, of 10 Feb 00, Standard Practice for System Safety, www.safetycenter.navy.mil/instructions/osh/milstd882d.pdf.

2-10. OPNAVINST 5100.8G, of 2 July 86, Navy Safety and Occupational Safety and Health Program http://neds.daps.dla.mil/Directives/5100_8g.pdf.

2-11. Executive Order 12344, of 1 Feb 82, Naval Nuclear Propulsion Program, http://www.archives.gov/federal_register/codification/executive_order/12344.html.

2-12. OPNAVINST 3500.39B, of 30 July 04, Operational Risk Management (ORM), http://neds.daps.dla.mil/Directives/3500_39b.pdf.

2-13. Title 5, United States Code, Chapter 71 (Supp.11 1979), http://www.access.gpo.gov/uscode/title5/partiii_subpartf_chapter71_.html.

2-14. OPNAVINST 5102.1D/MCO P5102.1B, of 10 December 04, Mishap Investigation, Reporting and Record Keeping,

2-15. DON Civilian Human Resources Manual Subchapter 752, of 6 January 04, Disciplinary Actions, http://www.hq.navy.mil/shhro/Subchapt.pdf.

Appendix 2-A
DoD Occupational Safety and Health Program

Federal Forms are available at the following site: http://www.usa-federal-forms.com/fbf-by-form/36.html.

DEPARTMENT OF DEFENSE
SAFETY AND OCCUPATIONAL HEALTH PROTECTION PROGRAM

The Occupational Safety and Health Act of 1970, Executive Order 12196 and 29 CFR 1960 require the heads of Federal agencies to establish programs to protect their personnel from job safety and occupational health hazards.

1. The Department of Defense (DoD) designated agency safety and occupational health official is the Assistant Secretary of Defense (Force Management and Personnel).
2. The _____designated safety and occupational health official is:
(DoD Component)
_____,
_____.
(Title) (Address)
3. The _____ safety and occupational health designee is:
(Name of Installation/Facility)
_____,
_____.
(Name) (Title)
4. The _____ safety point of contact is:
(Name of Installation/Facility)
_____,
_____ (Name)
Telephone Number)
5. The _____ occupational health point of contact is:
(Name of Installation/Facility)
_____,
_____
(Name) Telephone Number)

_____**HAS THE RESPONSIBILITY TO:**
(Name of Installation/Facility)

1. COMPLY with the applicable Occupational Safety and Health Administration (OSHA)/DoD/DoD Component safety and occupational health standards.
2. SET UP PROCEDURES for submitting and responding to employee reports of unsafe and unhealthful working conditions. 3. ACQUIRE,
6. POST NOTICES of unsafe or unhealthful working conditions found during inspections.
7. ASSURE PROMPT ABATEMENT of hazardous conditions. Workers exposed to the conditions shall be informed of the abatement plan. Imminent danger corrections must be made immediately.
8. SET UP A MANAGEMENT INFORMATION

MAINTAIN, AND REQUIRE the use of approved personal protective equipment and safety equipment. 4. INSPECT ALL WORKPLACES with participation by civilian employee representatives to identify potential hazards. 5. ESTABLISH PROCEDURES to assure that no worker is subject to restraint, interference, coercion, discrimination, or reprisal for exercising his/her rights under the DoD safety and occupational health program.	SYSTEM to keep records of occupational accidents, injuries, illnesses and their causes; and to post annual summaries of injuries and illnesses for a minimum of 30 days at each installation/facility. 9. CONDUCT SAFETY AND OCCUPATIONAL HEALTH TRAINING for management, supervisors, workers and worker representatives.
DoD PERSONNEL HAVE THE RESPONSIBILITY TO:	
1. COMPLY with all applicable OSHA/DoD/DoD Component safety and occupational health standards 2. COMPLY with _____ (Name of Installation/Facility) policies and directives relative to the safety and occupational health program.	3. USE personal protective equipment and safety equipment provided by your installation/facility. 4. REPORT hazardous conditions, injuries, illnesses, or other mishaps promptly to your supervisor or to the safety or occupational health point of contact for your installation/facility.
DoD PERSONNEL AND CIVILIAN EMPLOYEE REPRESENTATIVES HAVE THE RIGHT TO:	
1. HAVE ACCESS to applicable OSHA/DoD/DoD Component standards, installation/facility injury and illness statistics, and safety and occupational health program procedures. 2. COMMENT on alternate standards proposed by DoD/DoD Component. 3. REPORT AND REQUEST INSPECTIONS OF UNSAFE AND UNHEALTHFUL WORKING CONDITIONS to appropriate officials who include, in order of preference, the immediate supervisor, the safety or occupational health point of contact, the safety and occupational designee for your installation/facility, the installation/ facility commander, the safety and occupational health designee	3. (Continued) for your DoD component, the safety and occupational designee for DoD, and the Secretary of Labor. However, the Secretary of Labor encourages personnel to use DoD procedures for reporting hazardous conditions as the most expeditious means to achieve abatement. The hazard report form provided by your installation/facility should be used for this purpose. Anonymity, when requested, is assured. 4. PARTICIPATE in the installation/facility safety and occupational health program. Civilian workers shall be authorized official time to participate in the activities provided by the DoD safety and occupational health program.
OTHER INFORMATION:	
1. When the safety or occupational health point of contact for your installation/facility is notified by a worker of a hazardous worksite condition, he/she will ensure an inspection of the worksite and he/she will report the results of the inspection in writing to the worker making the report.	2. (Continued) in accordance with applicable appeal procedures, or administrative or negotiated grievance procedures. 3. For further information about the installation/facility safety and occupational health program, procedures, standards, committees, Federal laws, or other related matters, contact the safety or occupational health point

2. Inspector General channels may be used to investigate complaints from either DoD civilian or military personnel concerning alleged acts of discrimination or reprisal due to participation in safety and occupational health activities. For DoD civilian personnel, allegations of reprisal may also be initiated by them	of contact for your installation/facility as noted on this poster. 4. How well you carry out your safety and occupational health responsibilities will be an important factor in the success of the program.

DD FORM 2272, NOV 2000 PREVIOUS EDITION MAY BE USED.

Appendix 2-B

NAVY PROCESS REVIEW AND MEASUREMENT SYSTEM

#1 THE MISHAP PREVENTION PROCESS MODEL
(30% OF OVERALL RATING)

Mishap Prevention - actions taken to identify and control unacceptable risks.

1. Compile/Report Mishap and Hazard Data
- Mishap reports
- FECA data
- Exposure assessments
- Medical surveillance
- Reported hazards
- Workers
- Management
- Staff
- External agents
- Literature

2. Analyze Mishap/Hazard Data
- Frequency
- Severity (human costs, dollar costs, mission impact)
- Exposure potential
- Location
- Responsibility
- Type
- Trends
- Patterns
- Any anomaly

3. Analyze Significant Processes/Areas (Various approaches may be employed - Preliminary Hazard Analysis, Systems Safety Review, Job Safety Analysis, Process Safety Analysis, less formal approaches, etc., as appropriate for processes analyzed)
- Hazards
- Causes
- Responsibilities
- Control alternatives

4. Report Key Data/Analysis to Process Owner

5. Process Owners Review Reports

The Mishap Prevention Process Model - (continued)

6. Identify/Consider Potential Controls
- Administrative/Programmatic
- Engineering
- Process
- Training
- PPE
- Procedural
- Product substitution

7. Conduct Relative Value Assessment
- Loss potential
- Cost
- Expected benefit
- Morale implications
- Feasibility
- Customer acceptance
- Public image
- Labor/management implications

8. Select Alternative(s)
- Select control(s)
- Do nothing
- Prioritize implementing actions

9. Implement Control (s)
- Issue policy
- Issue procedures
- Install barriers
- Modify facilities/equipment
- Modify procedures
- Conduct training
- Utilize new product

10. Assess Impact of Controls
- Review data
- Inspect process/worksite
- Solicit customer feedback
- Compare results to expected benefits

11. Modify Control(s) As Needed
- Select alternative control(s)
- Modify existing control(s)
- Eliminate control(s)

Performance Measures for the Mishap Prevention Process

1. Mishap Rates and Measures of Performance - The mishap rate currently used to measure mishap prevention performance in the Process Review and Measurement System (PR&MS) is the Injury/Illness Incidence Rate (IIR). However, with increasing requirements to evaluate performance according to various administration goals, other measurements are needed. The Navy is phasing out the singular use of the IIR, and including other comprehensive statistical measures of performance. One of the objectives of the safety performance evaluation is to align the mishap rates collected from Navy regions and installations with the goals of the 2003 Presidential Safety, Health and Return to Employment (SHARE) Initiative, and future safety related cost reduction goals.

The OSHA final recordkeeping rule made the Federal sector's recordkeeping and reporting requirements essentially identical to the private sector by adopting applicable provisions from 29 CFR Part 1904 as Federal agency requirements under 29 CFR Part 1960. OSHA amended the basic program elements at 29 CFR 1960, Subpart I, to make pertinent private sector recordkeeping and reporting requirements under Part 1904 applicable to the Federal sector. Under Part 1904, recordable work-related injuries and illnesses are those that result in one or more of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a significant injury or illness.

The Naval Safety Center has implemented a web-enable Safety System (WESS) to enhance operations and to improve the safety information obtained for decisions. Embedded in WESS, JReport provides Naval professionals with information to assist in the identification of relationships between mishaps and their root causes. This type of information is used to educate appropriate audiences for equipment design, training, and operational maintenance processes in order to reduce mishap occurrence.

The IIR includes all mishaps causing personal injury, fatalities and first-aid. Since historically a location's safety performance audit score is partially based on the IIR, the use of the IIR is being kept until the other safety performance measures are integrated into the audit.

The Injury/illness Incidence Rate (IIR) is defined as follows:

$$IIR = \frac{A \times 200{,}000}{M + C}$$

– A = total injuries/occupational illnesses including fatalities, lost/no-lost time cases, first aid cases reported on Form OPNAV 5102/7 (Log of Navy Injuries and Occupational Illnesses), or equivalent form.

– M = the command's military personnel and strength for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual IIR is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any IIR calculations for time periods other than annual. For example, use 1,000 for a 6-month IIR,

use 10,000 for a 5-year IIR) Note: Under 29 CFR 1904, first aid injuries are exempt from recordkeeping.

– C= civilian staffing multiplied by 2000 or the total man hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller

- The IIR score is derived as follows:

0.3(100-IIR)= IIR Score

Note 1: The IIR is a tool designed for individual activities to use as one standardized trailing indicator of possible safety concerns so that the Echelon 2, Inspector General (IG) or anyone else conducting an assessment can identify mishap trends and audit performance with the use of a numeric score that uses the IIR.

Note 2: The safety and occupational health Bureau of Labor Statistics' (BLS) incident rates are not equivalent to the IIR.

Note 3: Additional Navy and Marine Corps Safety Council metrics to define specific administration goals are maintained by the Navy Safety Center.

On May 19, 2003, the Secretary of Defense sent a memorandum challenging the DoD to reduce the number of mishaps by 50% in the next two years. The Navy is "phasing in" the consistent use of other metrics that are used to evaluate safety performance with respect to achieving these goals and objectives.

Performance measures include, but are not limited to:

Class A Operational Ashore Mishap Rate.
http://www.safetycenter.navy.mil/execsummary/default.htm

Class A operational mishaps are incidents (cases) that cause $1,000,000 or more in property damage; or, that cause a fatality or a permanent total disability. Class A Mishap Rate is defined as the number of cases per 100,000 personnel per year, and includes military and federal civilian ashore personnel.

Class A Operational Ashore Mishap Rate = $\frac{\text{\# cases}}{\text{\# affected persons/100,000}}$

Affected personnel, is the number of military personnel plus the number of civilian personnel for the reporting period.

Activities have access to data to produce activities' specific trends from the WESS JReport module.

PMV Fatality Rate.
http://www.safetycenter.navy.mil/execsummary/default.htm

Private motor vehicle (PMV) includes 2- or 4-wheeled vehicles and includes military on- or off-duty, and civilian on-duty use of motor vehicles. Private Motor Vehicle (PMV) fatality is a motor vehicle death, regardless of the identity of the operator that does not involve a government motor vehicle.

PMV fatality rates are deaths caused by motor vehicle per 100,000 persons per year.

$$\text{PMV Fatality Rate} = \frac{\text{\# Fatalities}}{(\text{\# affected personnel}/100{,}000)}$$

Affected personnel = the command's military personnel; plus the civilian staffing, as provided by the Comptroller.

Activities have access to data to produce activities' specific trends from WESS JReport module.

Federal Civilian Lost Time Case Rate (LTCR).
http://www.safetycenter.navy.mil/execsummary/default.htm

A "lost time case" is a non-fatal traumatic injury that causes any loss of time from work beyond the day or shift it occurred; or a non-fatal, non-traumatic illness or disease that causes disability at any time.

$$\text{Civilian Lost Time Case Rate} = \frac{\text{\# of on-duty lost time cases X 200,000}}{\text{Number of civilian hours worked}}$$

The number of civilian hours worked is the total man-hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (Hours can be estimated by the civilian staffing multiplied by 2,000 but actual civilian hours should be used.)

The number of lost time/death mishaps is recorded on the Log of Navy Injuries and Illnesses. 2,000 hrs equal 1 person-year (50 wks/year X 40 hrs/wk). Note that 2,000 is used for the entire year.

Activities have access to data to produce activities' specific trends from the WESS Jreport module. This metric corresponds to the SHARE goal to lower lost time injury rates by three percent per year.

Federal Civilian Lost Day Rate
https://www.dmdc.osd.mil/ltwi/owa/cop

And, "top 40" list is at https://www.dmdc.osd.mil/ltwi/owa/charts.top40_display?rptnum=1

Federal Civilian Lost Day Rate is the number of lost workdays per 100 civilian workers per year. The source is the Defense Manpower Data Center (DMDC).

$$\text{Lost day rate} = \frac{(\#\text{ COP days} + \#\text{ LWOP days}) \times 200{,}000}{\text{Number of civilian hours worked}}$$

COP is continuation of pay.
LWOP is leave without pay.

Civilian hours worked are the actual number of hours. The number of civilian hours worked is the total hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (The number of civilian hours can be estimated by the civilian staffing multiplied by 2,000, but actual civilian hours should be used.)

Activities have access to data from the WESS Jreport module to produce activities' specific trends for logged injuries and illnesses, although this data may differ from DMDC figures, which are based on pay records. Drill-down compatibility is available on the DMDC site.

Military Lost Day Rate
http://amsa.army.mil/AMSA/amsa_home.htm

The military lost day rate is the number of lost production days (medical cases, quarters and limited duty) per 100 military personnel per year. Source is the Army website which is incompatible with the Navy Marine Corps Intranet.

$$\text{Military lost day rate} = \frac{\#\text{ lost production days} \times 200{,}000}{\text{Personnel hours}}$$

Personnel hours are the command's military personnel for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual rate is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any lost day rate calculations for time periods other than annual. For example, use 1,000 for a 6-month lost day rate, use 10,000 for a 5-year lost day rate.

Activities have access to data to produce activities' specific trends from the WESS Jreport module.

Navy Injury and Illness Incident Rate (NIIR)
http://www.safetycenter.navy.mil/execsummary/default.htm

The Navy lost workday case rate is the total number of OSHA recordable cases that includes military and civilian medical cases, restricted work activity cases, fatalities and lost time cases

$$\text{NIIR} = \frac{A \times 200{,}000}{M+C}$$

A = total injuries/occupational illnesses including fatalities, lost time cases, medical cases, and restricted work activities' cases (from the Log of Navy Injuries and Occupational Illnesses).

– M = the command's military personnel and strength for the reporting period multiplied by 2,000 (Note: 2,000 is the appropriate multiplier only when an annual rate is being calculated. This multiplier should be adjusted up or down in proportion to the time period in question for any NIIR calculations for time periods other than annual. For example, use 1,000 for a 6-month IIR, use 10,000 for a 5-year NIIR.

– C = the total man-hours worked by civilian employees of the command during the reporting period, as provided by the Comptroller. (The number of civilian hours can be estimated by the civilian staffing multiplied by 2,000 but actual civilian hours should be used.)

Note: The NIIR correlates with the metric for the SHARE three percent per year reduction in total case rates. The activity NIIR will be significantly lower than the IIR due to recording rule requirements of 29 CFR 1904.

For Ashore statistics, go to http://www.safetycenter.navy.mil/statistics/ashore/default.htm.

Mishap Classification below is taken per DODI 6055.7, 3 Oct. 2000 available at: http://www.dtic.mil/whs/directives/corres/pdf/i60557_100300/i60557p.pdf and in OPNAVINST 5102.1D/MCO P5102.1B, paragraph 2002.

- Class A Mishap
  - Property damage of $1M or more.
  - A fatality or permanent total disability.

- Class B Mishap
  - Property damage of $200K or more but less than $1M.
  - A permanent partial disability.
  - In-patient hospitalization of 3 or more personnel.

- Class C Mishap
  - Property damage between $20K and $200K.
  - A non-fatal injury resulting in any loss of time from work beyond the day or shift on which it occurred; or a non-fatal occupational illness or disability that causes loss of time from work or disability at any time.

2. Quality Assessment of Command Mishap Prevention Program

Evaluate the command's Mishap Prevention performance by assessing its implementation of specific elements of the Mishap Prevention process model. The process model elements recommended for evaluation, and proposed evaluation methods, are provided below:

- Compile/Report Mishap and Hazard Data -

Is appropriate mishap and hazard data compiled?
-Injuries/illnesses
-Property damage cases

-Stressor exposure
-Safety hazards
-Near misses

- A list of possible sources from which the evaluator may gather actual mishap and hazard data for comparison purposes includes:

1. Clinic logs
1. Material property damage reports (Safety Office)
2. FECA tables
3. JAG reports
4. NAVFAC property loss reports
5. Property accountability reports (Controller)
6. Crane accident reports
7. Ships' CAS reports
8. Inspection Reports
9. Employee Hazard Reports (EHR)
10. Abatement logs
11. Industrial hygiene reports

(Evaluate by taking a sample of mishaps/hazards from the above data sources and then confirming the consideration of those mishaps/hazards in the mishap prevention process. Numerical values should then be assigned to this element, based on the number of sample mishap and hazard items actually included in command mishap prevention analysis databases.)

- Analyze Mishap/Hazard Data and Significant Process Areas

Do the analyses:

- Occur at an appropriate frequency?
- Provide data at appropriate levels of management responsibility?
- Identify the most frequent and/or severe risks?
- Provide a valid comparison of current performance versus expected/historical performance?
- Provide useful recommendations for performance improvement?
- Provide other useful analysis not listed above?

- Process Owner Response to Analyses

Characterize process owner response to reports of mishap analyses as one of the following:

- Unsatisfactory awareness of/response to analyses reports
- Satisfactory awareness of/response to analyses reports
- Takes additional internal analysis/action beyond that suggested by analyses reports

(Evaluate by personal interview with selected process owners, review of process owner documentation, and field confirmation of actions claimed (where appropriate).

#2 THE REGULATORY COMPLIANCE PROCESS MODEL
(20% OF OVERALL RATING)

Regulatory Compliance - conformance to requirements

1. Determine Regulatory Requirement
- Review regulations
- DoD/Navy directives
- Military exclusions
- Review, determine if changes needed
- Legal considerations
- Regulatory interface
- Community relations

2. Develop Compliance Strategies
- Training requirements
- Feasibility
- Medical impact
- Prioritization
- Time frame for implementation
- Consequences on non-compliance
- Difference between new and current requirements
- System safety review

3. Identify and Provide Resources
- Organizational structure
- Cost determination
- Budgeting

- Internal
- Customer cost

- Facility requirements

4. Execute Compliance Strategy
- Communicate requirements

- Training

5. Monitoring
- Documentation
- Data analysis
- Report compliance status
- Feedback
- Initiate improvement efforts
- Confirmation of corrective action

Performance Measures for the Regulatory Compliance Process

- Echelon 2 inspection/assistance results

#3 THE SUPERVISION PROCESS MODEL
(20% OF OVERALL RATING)

Supervision - Those actions taken to plan, organize, direct, oversee and evaluate the region or activities of subordinates and Command personnel to safely accomplish work.

The Supervision Process Model incorporates three different but complementary/interrelated components.

Component #1 - Sequential actions/steps associated with the accomplishment of specific jobs/tasks by subordinates.

1. Analyze Tasks
- Identify hazards
- Physical (mechanical, heat, vibration, noise, location, radiation, etc.)
- Chemical (hazardous materials)
- Biological (disease)
- Evaluate hazards
- Identify personnel at risk
- Consult involved employees
- Consult peers/managers
- Review technical documentation
- Consult professional staff
- Draw upon personal knowledge/experience
- Identify measures needed to control/eliminate hazards
- Engineering
- Administrative
- PPE
- Identify compliance requirements
- Navy
- Occupational Safety and Health Administration
- Local documents
- Other
- Determine required personal qualifications
- Training
- Physical/medical
- Experience

2. Organize to Safely Accomplish Tasks
- Select qualified personnel
- Determine work sequence
- Coordinate with support organizations

3. Direct the Accomplishment of Tasks
- Communicate objectives to assigned personnel
- Schedule

- Interface with other operations
- Location
- Problem reporting
  - Assign jobs within the task
  - Provide job training
- Verbal
- Written
- Discuss potential hazards
- Discuss compliance

4. Evaluate Task Performance
   - Observe workers
   - Identify process variance
   - Enforce proper implementation of controls
   - Receive feedback
- From employees
- From related organizations
- From customers (internal/external)
   - Assess efficiency of controls

5. Adjust Process As Required

Component #2 - Continuing actions to evaluate the overall performance of personnel over time.

1. Determine General Expectations for Work Unit
   - Injury/illness prevention
   - Process improvement
   - Cost avoidance initiatives
   - Workers Compensation (e.g., Light Duty Work, Lost Time)

2. Set Performance Standards Both Verbally and in Writing
   - Objective/quantifiable
   - Measure behavior, not results, at lower levels in the organization
   - Use subordinates' performance as factor for supervisors
   - Measure positives as well as negatives

3. Acquire Information Needed to Assess Performance
   - Inspections
     - Supervisor
     - Safety staff
     - IH surveys
   - Process reviews
   - Mishap data/information
   - Employee self-assessment
   - Workers compensation

4. Assess Performance Against Standards

5. Discuss with Employee
- Strengths
- Weaknesses
- Improvement strategy

6. Document Final Assessment

7. Initiative Reward/Remedial Actions as Appropriate

Component #3 - Integration of safety throughout the command. Assess how proactively command HQ, command, upper management, supervisors and employees integrate and involve safety and occupational health into core business processes.

1. Review requirements

2. Scope of involvement
- Meetings/councils/training/strategic planning

3. Level of interface CO has with
- Upper management, middle management, workforce and unions
- Assess if Command has an informal CO/upper management walk-through of workspaces

4. Command awareness of compensation costs, property damage assessments, mishap rate reductions, etc.

5. Assess upper echelon strengths, and support/guidance

6. Determine command climate and philosophy related to safety

7. Evaluate customer/command feedback systems

8. Reduction in accidents due to awareness or improved procedures

9. Determine ownership of processes

Performance Measures for The Supervision Process

1. Presence of safety elements in performance standards (% coverage and quality of standards) - the following should be used to evaluate the presence of safety elements in performance standards.

- Is safety addressed?
- Do the standards address communication of safety information and expectations to members of the work unit?

- Is performance monitored to determine if safety requirements and expectations are met?
- Do the standards address actions to be taken to improve the safety performance of the work unit?
- Do the standards require the establishment of safety standards for all members of the work unit?

(Where commands utilize self-directed work teams in lieu of traditional supervisors, performance standards adopted by self-directed work teams will be evaluated)

2. Assessment of Employee Understanding of Safety Expectations

- Is employee properly using appropriate PPE for the work?
- Can the employee demonstrate an awareness of hazards in the work area, and hazard control measures?
- Is the employee using safety resources available to report/address hazards (e.g. supervisor, safety staff, safety committee, EHR, etc.)?

(Evaluate by field observation and interviews of randomly selected employees who perform work operations which expose them to significant potential hazards.)

3. Assessment of Safety Integration Initiatives or Improved Outcome Measures:

- Is higher echelon providing guidance?
- Has the region or activity asked the next echelon for guidance (on PR&MS)?
- Is there active interchange of information within the chain (both above and below)?
- Does CO's immediate staff show knowledge of safety and occupational health issues?
- Does CO review safety-related reports (i.e., program costs, incident rates, compensation costs)?
- Has command suite attended safety training with subordinates or peers?
- Has command and upper management shown buy-in and open support of the safety program?

#4 THE TRAINING PROCESS MODEL
(15% OF OVERALL RATING)

Training - conveyance of information to enable personnel to carry out their personal responsibilities safely and in compliance with applicable regulations.

1. Identify Requirements and Needs
- Explicit
- Required by regulations
- Required by directives
- Individual development plan
- Implicit
- Lessons learned
- Process improvements
- Process changes
- Needed to execute work
- Labor/management/customer relations
- Type
- Initial
- Refresher
- Job qualification
- Awareness
- Timing/frequency
- Before assignment
- Annual
- Monthly
- Other
- Recordkeeping

2. Identify Audience
- Upper-level management
- Mid-level management
- Supervisor
- Worker
- New
- Journeyman
- New assignment
- Customer
- Tenants
- Contractors
- Visitors
- Labor organizations

3. Develop Specific Information to be Delivered
- Relate to each target audience
- Limit to applicable requirements for each target audience

4. Identify Media
- Lesson plans
- Classroom
- On-the-job training
- Programmed instructions
- Videotape
- Correspondence courses
- Interactive computer assisted
- Stand-up/tailgate meetings
- Other

5. Assemble Resources Needed to Provide Training
- Funding
- Time
- Media
- Facilities
- Qualified instructor

6. Deliver Training
- Schedule
- Provide

- OSHA-required hazard communication and other as needed
- College
- On-the-job training
- On-site training
- Job training
- Rate training
- Correspondence and web-based courses
- Stand-up/tailgate meetings

- Track completion

7. Evaluate Effectiveness
- Work site observations
- Retention testing

- Short-term
- Long-term

- Mishap rate for target accident type
- Student critique
- Other feedback

- Safety office
- Labor organizations

- Managers

8. Modify Training as Required

Performance Measures for the Training Process

1. Matrix Match Against Requirements
- Compile Data Sources
- Industrial hygiene surveys
- Military manning documents
- Command mission/function statements
- Command mishap experience
- Command occupation physical qualification statements
- Other

- Determine the following:
– Does a formal training plan exist?
– Would execution of the plan ensure delivery of all required training?
– Would execution of the plan ensure delivery of appropriate specific hazard recognition and control training?
– Is course content documented by formal lesson plans that are approved by appropriate technical personnel?
– Is training executed in accordance with the plan?
– Is the training provided evaluated in terms of:
1. Appropriateness of course content?
2. Instructor effectiveness?
3. Behavior of trainees in the workplace?
4. Are evaluation results used to improve training?

2. Employee Interface/Challenges
- Compile Data Sources
- Industrial hygiene surveys
- Military manning documents
- Command mission/function statements
- Command mishap experience
- Command occupation physical qualification statements
- Other

- For Target Processes/Occupations, Determine if:
- Employees are accomplishing their work in a safe manner
- Employees are aware of job hazards and requirements
- Employees are complying with regulatory requirements pertinent to their job assignment
- Employee failures are due to: *
1. Inadequate training
2. Employee failure to comply with known requirements
3. Other factors. (Lack of tools, time, etc., needed to perform work)
- Employee successes are due to: *

1. Effective training
2. Knowledge/experience not attributable to the command's training program
3. Other factors. (Close supervision, reward system, peer pressure, etc)

* NOTE: For these items, if the failure/success is due to training, utilize the employee observation/interview results to evaluate the TRAINING key process. If the failure/success is due to other (non-training) factors, utilize the employee observation/interview results to support the evaluation of another appropriate key process.

(Evaluate by identifying several appropriate occupations within the command, then observing/interviewing randomly selected employees within each identified occupation or process.)

#5 THE SELF-ASSESSMENT PROCESS MODEL
(15% OF OVERALL RATING)

Self-Assessment - a comprehensive internal evaluation of how a safety and occupational health program meets the requirements of its internal/external customers.

1. Identify Program Elements to be Evaluated

- Mishap Prevention
- Mishap investigation
- Risk assessment
- Hazard abatement
- Adequacy of resources (internal/external)
- Safety staff
- Funding
- Medical/HRO support
- PWC support
- FISC support
- Other
- Supervision
- Management involvement/example
- Performance evaluation
- Personnel participation
- Worker input mechanisms
- Union involvement
- PPE use
- Training
- Formal
- Informal
- Communication
- Regulatory Compliance
- All applicable regulations
- Deficiency abatement
- Injury Cost Control (process model under development)
- Customer Focused Support (support commands only)

2. Develop Assessment Plan for Each Element

- Develop assessment strategy
- Identify element customers and customers' needs
- Identify element performance criteria and indicators
- Develop assessment tools/procedures
- Develop assessment schedule
- Determine reporting mechanisms and who receives reports

The Self-Assessment Process Model – (continued)

- Identify and provide for resources needed to assess:
  - People
  - Data
  - Time
  - Technical competence

3. Conduct Assessment of Each Element

- Conduct/Compile information
- Analyze

- Trends
- Patterns
- Causes
- Priorities
- Actual observed performance vs. desired performance

- Develop conclusions/recommendations
- Prepare/submit reports

- Documentation as required by regulations
- Reports to appropriate responsible persons

4. Adjust/Improve Self-Assessments

- Obtain/Evaluate customer feedback
- Develop improvements
- Implement improvements
- Advise customers of change

Performance Measures for the Self-Assessment Process

1. Quality Assessment of Command Self-Assessment Program

- Has the command established a formal self-assessment process?
- Is a self-assessment of each key process, adequacy of resources, and personnel participation conducted annually?
- Does the self-assessment include a data-driven analysis of key safety and occupational process trends/patterns?
- Does the self-assessment identify/quantify the actions and resources needed to correct process deficiencies?
- Does the self-assessment drive process improvements?
- Does the self-assessment identify further process improvement opportunities for programs that already meet basic requirements?

(Evaluate by review of current self-assessment documentation.)

#6 THE CUSTOMER-FOCUSED SUPPORT PROCESS MODEL

(0-100% - TO BE SCORED SEPARATELY, AS APPLICABLE)

Customer-Focused Support - providing safety and occupational health support, services, and guidance that meet customer needs.

1. Identify Your Customers

- Commands receiving service
- Students
- Patients
- Managers within commands
- Workers/employees
- Laboratories
- Contractors
- Your boss

2. Identify Your Customers' Needs (As Perceived by the Servicing Command)

- Requirements (mandated programs)
- Non-disruptive service
- Schedule and frequency
- Reports and documentation
- Usefulness and reliability of products/services
- Cost vs. value
- Consultation with command management
- Responsiveness
- Policy/guidance
- Anticipation of unexpressed customer needs
- Communication of available services

3. Evaluate Current Product/Services

- Policy/guidance
- Schedule and frequency
- Reports and documentation
- Usefulness and reliability of products/services
- Requirements (mandated programs)
- Non-disruptive service
- Cost vs. value
- Consultation with command management
- Responsiveness
- Communication of services available

4. Determine Resources Required to Provide Product/Services

- People
- Funding
- Time
- Consumables

- Facilities
- Contracts
- Support organizations
- Procedures and policies
- Training and education
- Communication and Information Technology
- Equipment

5. Develop Customer Survey
- Assess knowledge level of people being surveyed
- Tailor questions accordingly
- Develop questions around the following:

- What do you need from me?
- What do you do with what I give you?
- Do gaps exist between what I give you and what you need?

6. Develop Survey Implementation Plan
- Determine survey format and delivery method
- Identify forms and checklists
- Develop schedules
- Train surveyors/conduct dry run
- Refine survey

7. Conduct Survey

8. Evaluate Survey Results
- Determine gaps between product/services provided and the customer's needs/requirements/expectations

9. Improve Delivery of Products/Services to Better Meet Customer Needs
- Develop partnership with customer to eliminate problems
- Provide new services
- Eliminate Unneeded services
- Re-prioritize efforts
- Improve efficiency/effectiveness of current product/service
- Adjust customer/supplier expectations
- Identify alternative provider of service

10. Identify Potential Improvements
- Customer feedback
- Data
- Field Observations
- Follow-up survey

11. Pursue Continuous Improvement of Process
- Ensure customer satisfaction

Performance Measures for the Customer-Focused Support Process

- Has the command established a formal process for determining customer needs?
- Has the command determined customer needs (as perceived by the servicing command) and evaluated current service?
- Are customer needs surveyed:
  - At least triennially?
  - At least annually?
  - Significantly more often than annually?
  - By written surveys?
  - By meetings/workshops?
- Do customer surveys/workshops/etc. result in the development of initiatives to improve the products or services being delivered?
- Are customers advised of survey results and improvement initiatives planned/undertaken in response to surveys
- Are customers involved in the development of improvement initiatives?
- Are improvement initiatives tracked and making progress toward implementation?
- Is customer feedback solicited concerning the effectiveness of changes implemented in response to customer surveys?